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P.O. Box 15275 Sacramento, CA 95851-0275
Toll free 1- (800) 228-5453
or (916) 229-3870
TDD Hearing Impaired (916) 229-3541

Purchase of Additional Service / Redeposit

MS 0287 (Rev 5/00)

Date:

Social Security Number:

Name:

Subject : Purchase of Additional Service Credit / Redeposit Information

This is in response to your request regarding the purchase of additional service credit or redepositing of your previously withdrawn contributions and interest.

There are a number of factors to be considered when making your decision. The cost involved should be compared to the possible benefits that would be received. Enclosed are pamphlets describing the purchase of additional service and redeposit procedures. Please review them carefully before making your decision.

If after reviewing the pamphlets you wish to receive a statement of the cost to purchase additional service or the cost to redeposit your withdrawn contributions and interest, complete and return the form on the reverse side of this letter. A billing invoice will be prepared and sent to you. Returning this form only indicates your desire for a billing invoice, it does not obligate you in any way.

If you decide to purchase the service, payments may be made by:

- 1) one lump sum; or,
- 2) monthly cash payments (for up to 120 months) directly to CalSTRS; or,
- 3) payroll deduction for up to 120 months (After July 1, 1995, your employer may elect tax-deferred payroll deductions. Please check with your employer for further information.); or,
- 4) direct rollover (The rollover funds must be from a 401 (a), 401 (k), or a Qualified Conduit IRA. Funds from a 403 (b) plan are **not** eligible for rollover).

If you have further questions, please write or call the Public Service Office at the address and telephone numbers listed above. Always include your Social Security number when corresponding with CalSTRS.

Public Service Office
Services Division

Please complete reverse side

Request for a Billing Statement

The information on this form will enable CalSTRS to prepare a billing statement in response to your request. This form is used for both the purchase of additional service credit and for redeposits of previously refunded contributions and interest, and provides the identifying information needed for a proper determination of costs. Return the completed form to: CalSTRS, P.O. Box 15275, Sacramento, CA 95851-0275.

Please use blue or black ink

MS 0287 (Rev 5/00)

Social Security Number _____ Birthdate _____

Name _____

Please list any other names used during previous employment

Address _____
Street / PO Box City State ZIP

Telephone Number _____
Daytime Evening

Current Employer _____
County / District

Are you a member of another California Public Retirement System? ☐ No ☐ Yes

If yes, name of System _____

☐ I wish to request a billing statement for additional service credit and I understand that further information and verification may be required.

Type of service to be purchased _____
(See Additional Service Credit pamphlet)

County / District _____ From _____ To _____

County / District _____ From _____ To _____

☐ I wish to request a billing statement to redeposit my previously refunded contributions and interest.
(See Redeposit pamphlet)

I understand that this is not a contract and that my signature does not create an obligation on my part.

Signature _____ Date _____
